

11. Family Planning

Goal

Make all pregnancies in Kentucky intended pregnancies.

Overview

The mission of the Kentucky statewide Family Planning Program remains that of providing the target population of low-income men, women and teens the information and the means to choose the number and the spacing of their children. Kentucky's priorities are identical to those of the federal Title X Program in fulfilling this mission. Reducing unintended pregnancies in Kentucky will have far-reaching effects in both medical and social settings. The social costs of unintended pregnancies include reduced educational achievement, reduced employment opportunities, increased welfare rolls, and increased potential for domestic violence and child abuse. Rising medical costs can create a barrier for individuals seeking family planning services. Limited availability of federally funded family planning services can be directly associated with the resultant number of low birth weight infants, Sudden Infant Death Syndrome (SIDS), neonatal mortality, miscarriages, and follow-up treatment for "babies having babies".

While most people obtain contraceptive care from a private physician, access can be problematic for those who cannot afford a private physician, for those who need confidential care, or who live in areas where few private physicians are available. Federally funded family planning programs assist in eliminating the disparity in access to preventive and reproductive healthcare. Federally funded family planning services allow individuals the availability and accessibility of contraceptive services and supplies while supporting their motivation to act on that information to protect themselves and their partners from unwanted outcomes.

Summary of Progress

Great strides have been made toward achieving the 2010 objectives. The target was surpassed for objective 11.1 which relates to increasing planned pregnancies among women age 15-44. The target was 60 percent for this objective and the mid-decade status was 85.7 percent. Progress was made toward achieving Objective 11.5R. For this objective, the number of men who received services at family planning clinics increased by 21 percent. For objective 11.6R, the pregnancy rate among adolescents age 15 to 17 declined 19 percent. The Kentucky Family Planning Program plans to increase women's knowledge about the availability of highly effective contraception since progress was not made in reaching this objective. Only baseline data are available for the other objectives; however, strategies are in place to promote progress in attaining their 2010 targets.

The State Family Planning Program continually reinforces to its delegate agencies the need to increase community access and awareness of family planning services. Increasing the number of clinic days, expanding clinic hours, and broadening community outreach are all ways to eliminate current health disparities.

Progress toward Achieving Each HK 2010 Objective

11.1. (Developmental) Increase to at least 60 percent the proportion of all pregnancies among women 15-44 that are planned (intended) (See Revision).

11.1R. (REVISION) Increase to at least 87 percent the proportion of all pregnancies among women 15-44 that are planned.

Reason for Revision: In the developmental objective the target was set below the baseline. The new target is set at least one unit above the baseline.

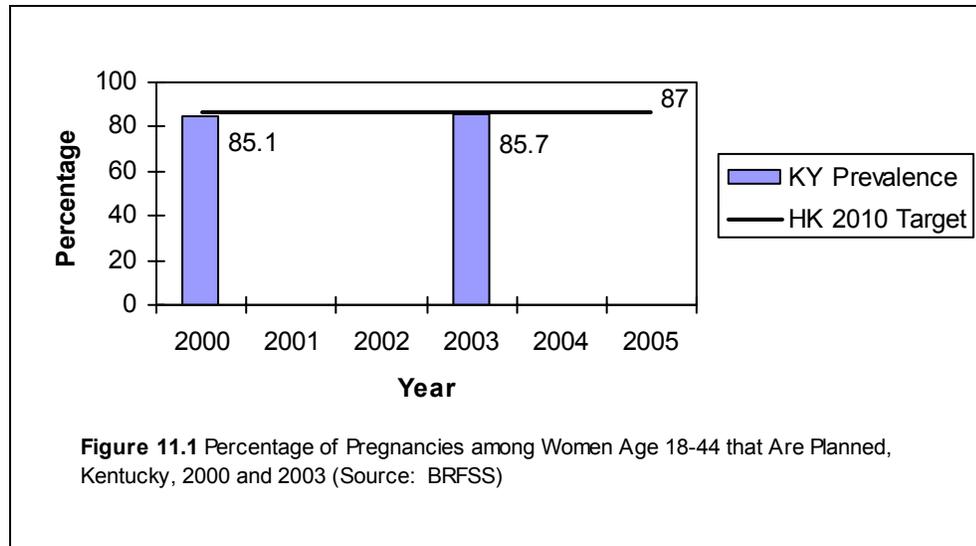
Data Source: Behavioral Risk Factor Surveillance System (BRFSS). Refused and unknown responses are excluded. The BRFSS only surveys adults aged 18 and over so the 15-17 year olds are not reflected in this data. For years 2001, 2002, and 2004 the question was not asked on the survey. The question is currently being asked on the 2005 survey.

This is a developmental objective. At the time the target was set, a data source was not available. In 2000, a question was included on the BRFSS to measure this goal. The prevalence data obtained from this question was actually higher than the original target.

Baseline: 85.1 percent in 2000

HK 2010 Target: 87 percent

Mid-Decade Status: 85.7 percent in 2003



Data Needs: Data on 15 to 17 year olds are needed. In the fall of 2005 the Kentucky Department for Public Health will be applying for a grant to administer the Pregnancy Risk Assessment Monitoring System (PRAMS). Data from this survey will be needed to track planned pregnancies among this age group.

Strategies to Achieve Objective:

- Assure Kentuckians easy access to contraceptive services and supplies
- Target hard-to-reach populations through outreach, education and specialized services
- Make preconception services available to women of childbearing age regardless of income
- Provide the most effective contraceptive choice
- Apply for the PRAMS federal grant

11.2. Decrease to no more than 7 percent the proportion of women aged 15-44 experiencing pregnancy despite use of a reversible contraceptive method.

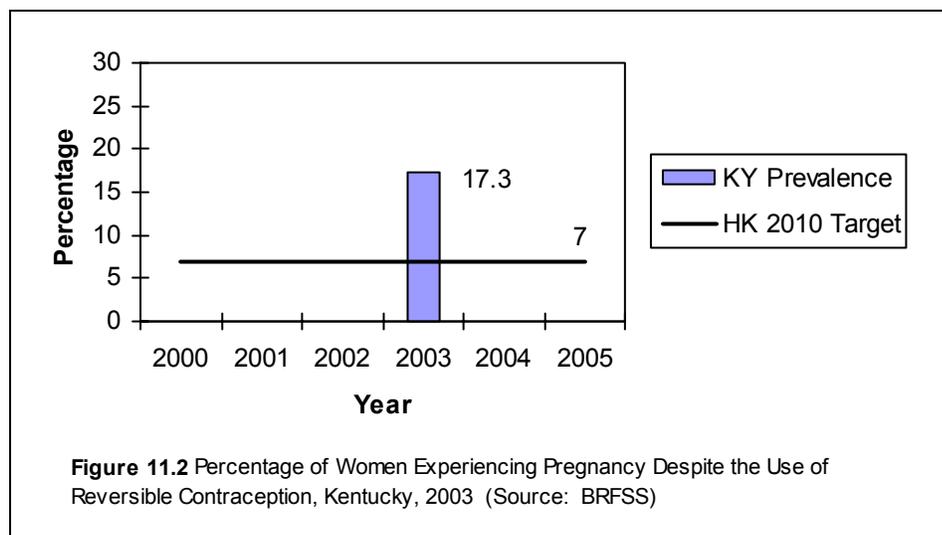
Data Source: BRFSS. Refused and unknown responses are excluded. The BRFSS only surveys adults aged 18 and over, so the 15-17 year olds are not reflected in this data. For years 2000, 2001, 2002, and 2004 the question was not asked on the survey. The question is currently being asked on the 2005 survey.

A baseline was not included with the original HK 2010 objective. Therefore, the baseline will be set with the first year of data available.

Baseline: 17.3 percent in 2003

HK 2010 Target: 7 percent

Mid-Decade Status: Same as baseline



Data Needs: Data on 15 to 17 year olds are needed. In the fall of 2005 the Kentucky Department for Public Health will be applying for a grant to administer PRAMS. Data from this survey will be needed to track planned pregnancies among this age group.

Strategies to Achieve Objective:

- Continue availability of funding for family planning services
- Continue to educate sexually active individuals on the efficiency of various contraceptive methods via clinic and educational programs

11.3. Increase to at least 95 percent the proportion of all females aged 15-44 at risk of unintended pregnancy who use highly effective contraception.

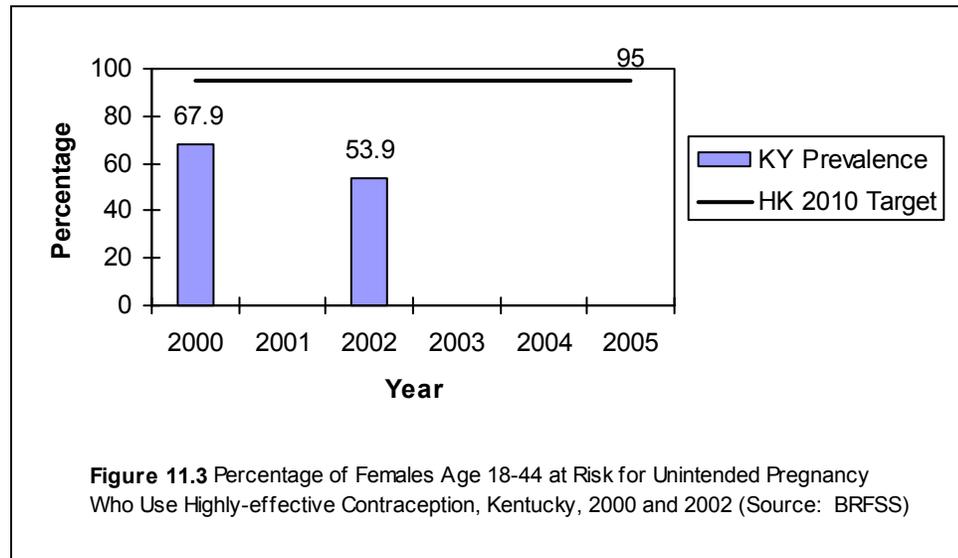
Data Sources: BRFSS, Refused and unknown responses are excluded. The BRFSS only surveys adults aged 18 and over so the 15-17 year olds are not reflected in this data. For years 2001, 2003, and 2005, the question was not asked on the survey.

A baseline was not included with the original HK 2010 objective. Therefore, the baseline was set with the first year of data available.

Baseline: 67.9 percent in 2000

HK 2010 Target: 95 percent

Mid-Decade Status: 53.9 percent in 2002



Data Needs: Data on 15 to 17 year olds are needed. In the fall of 2005 the Kentucky Department for Public Health will be applying for a grant to administer PRAMS. Data from this survey will be needed to track planned pregnancies among this age group.

Strategies to Achieve Objective:

- Continue school and community based teen pregnancy prevention programs through Title X Special Initiative
- Increase the percentage of funding for highly effective contraceptive choices
- Expand clinic hours and nontraditional family planning services, exploring opportunities in school based clinics
- Promote implementation of preconception counseling within the education system and include explanations of highly effective contraceptive methods
- Continue Brown-Bag Program and look for expansion opportunities in community settings
- Ensure that all females of childbearing age without permanent contraception are offered Family Planning services in the health department when they present for any service

11.4. Increase to 100 percent the proportion of Title X family planning clinics that provide, either directly or through referral, postcoital hormonal contraception.

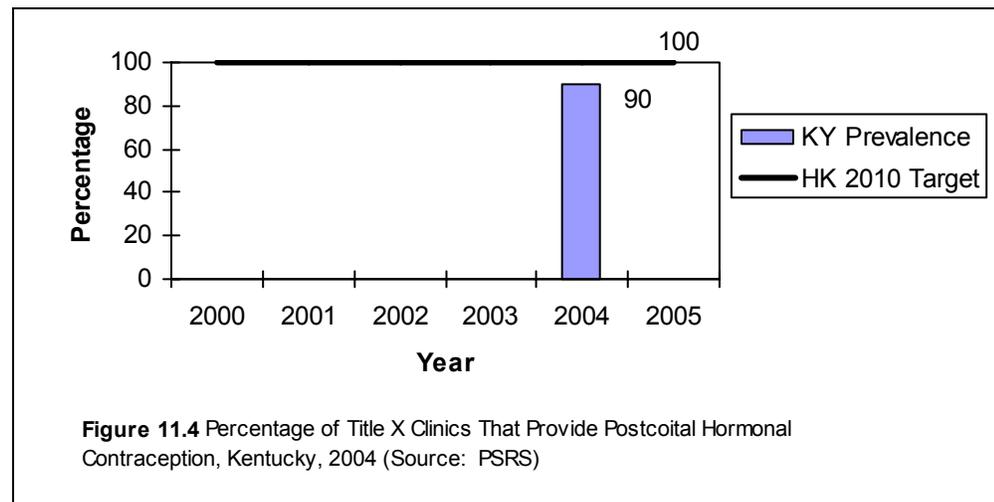
Data Source: Patient Services Reporting System (PSRS). This data system is specific to local health departments only and does not reflect services received in the private sector.

A baseline was not included with the original HK 2010 objective. Therefore, the baseline will be set with the first year of data available.

Baseline: 90 percent in 2004

HK 2010 Target: 100 percent

Mid-Decade Status: Same as baseline



Strategies to Achieve Objective:

- Provide health department staff with ongoing education about emergency contraception
- Offer consumer information via new routes such as Nurse Hotline, etc.

11.5. (Developmental) Increase male involvement in pregnancy prevention and family planning as measured by the increase with which health providers provide outreach, education, or services to males. (See Revision)

11.5R.(REVISION) Increase male involvement in pregnancy prevention and family planning as measured by the increase with which health providers provide outreach, education, or services to males.

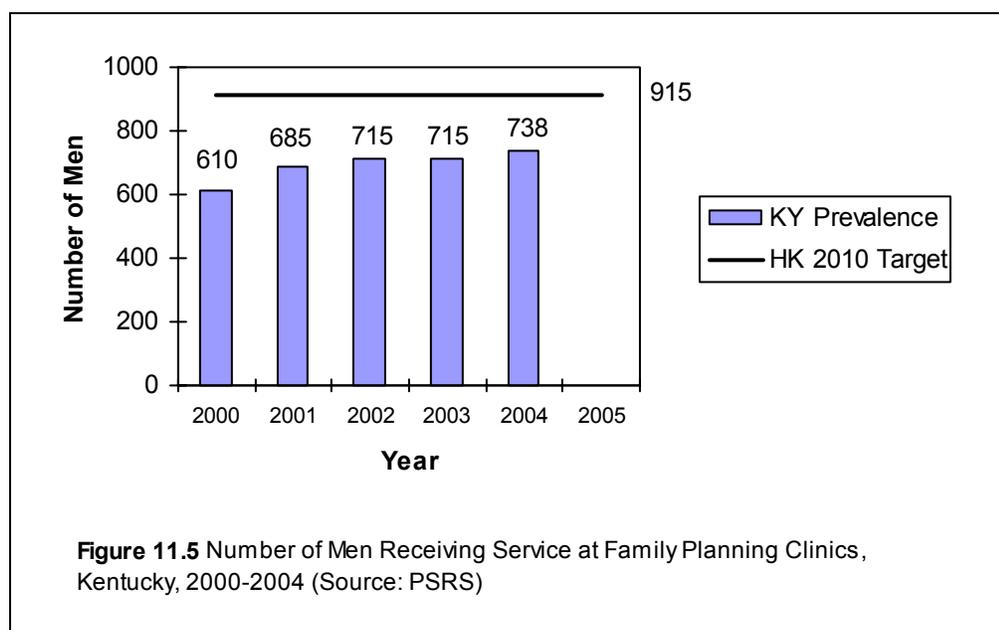
Reason for Revision: This objective was misclassified as developmental. Data to track this objective have always been available.

Data Source: Patient Services Reporting System (PSRS). This data system is specific to local health departments only and does not reflect services received in the private sector.

Baseline: 610 in 2000

HK 2010 Target: 915

Mid-Decade Status: 738 in 2004



Strategies to Achieve Objective:

- Explore and monitor the level of federal funds available to involve males in family planning
- Seek additional funds to educate and promote male involvement
- Develop an educational program to provide responsible and comprehensive sexuality education that includes information about contraception aimed specifically at the male role in pregnancy prevention, including legal responsibilities of parenting
- Develop a public awareness campaign promoting the services offered

This objective is adapted from *Healthy People 2010*, based on the lack of male participation in Title X programs and the number of unintended pregnancies, as measured by out of wedlock births.

11.6. Reduce pregnancies among females ages 15-17 to no more than 45 per 1,000 adolescents. (See Revisions)

11.6R. (REVISION) Reduce pregnancies among females ages 15-17 to no more than 20 per 1,000 adolescents.

Reason for Revision: In the original objective, the target was set higher than the baseline. This was an error, and the revision includes a new target.

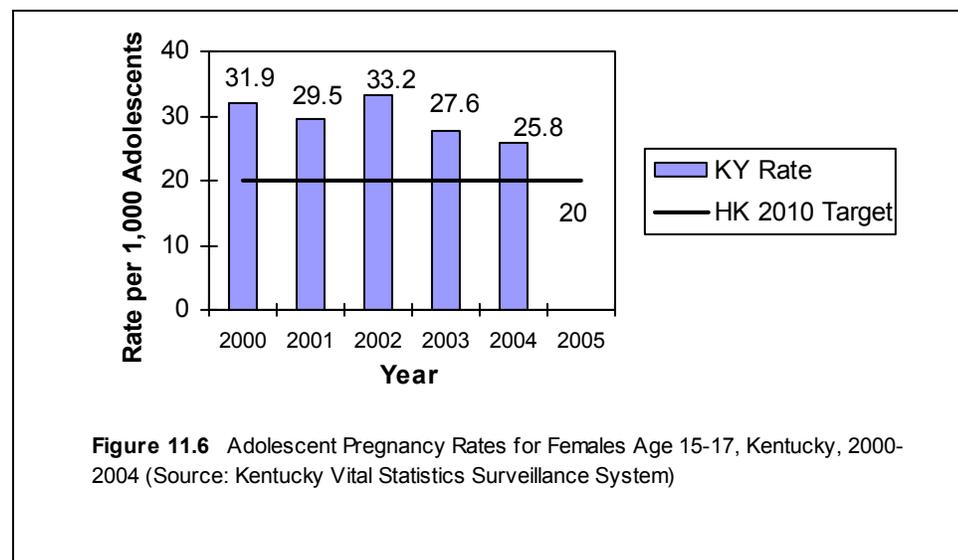
Data Sources: Kentucky Vital Statistics Surveillance System (Live Birth, Stillbirth, and Induced Terminations of Pregnancy Files) and Kentucky State Data Center, Urban Studies Institute, Population Estimates for years 2000-2004; Vital Statistics data for year 2004 is preliminary and numbers could change.

Baseline: 31.9 per 1,000 adolescents in 2000

HK 2010 Target Setting Method: 20 percent improvement on best rate in 2004.

HK 2010 Target: 20 per 1,000 adolescents

Mid-Decade Status: 25.8 per 1,000 adolescents in 2004



Strategies to Achieve Objective:

- Offer most effective family planning options to persons in need of family planning services
- Co-locate services with social programs to enhance accessibility

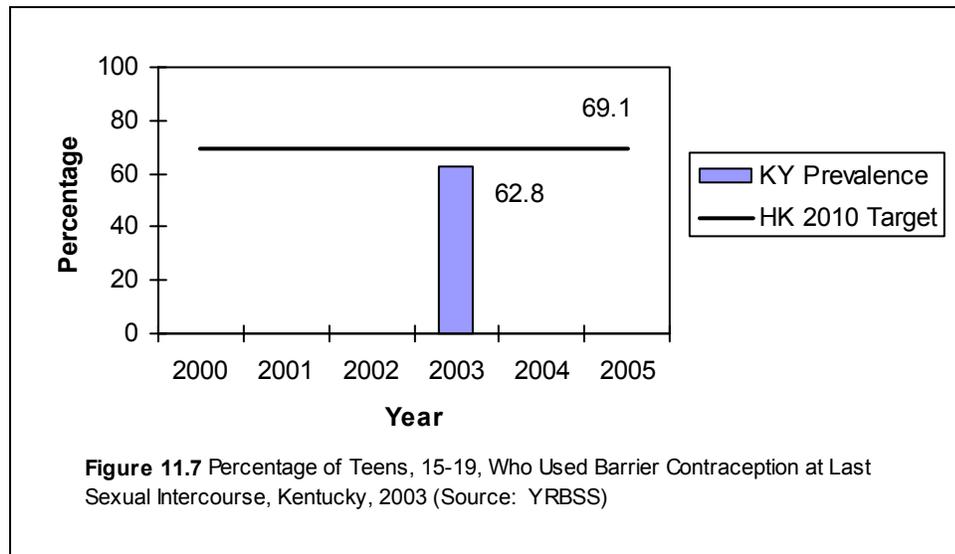
11.7. Increase by at least 10 percent the proportion of sexually active individuals, ages 15-19, who use barrier method contraception with or without hormonal contraception to prevent sexually transmitted disease and prevent pregnancy.

Data Sources: Youth Risk Behavior Surveillance System (YRBSS). The data includes those high school students who reported “Yes” to the question, “The last time you had sexual intercourse did you or your partner use a condom?” The YRBSS was also conducted in 2001, but the question was not the same.

Baseline: 62.8 percent in 2003

HK 2010 Target: 69.1 percent

Mid-Decade Status: Same as baseline



Strategies to Achieve Objective:

- Increase student education on prevention of sexually transmitted infections prior to the 10th grade
- Make anonymous condom distribution more accessible

11.8. (Developmental) Increase to 95 percent the proportion of public and private elementary, middle/junior and senior high schools that require instruction on human sexuality, pregnancy prevention, STD prevention, and HIV prevention that provide students with information and skills related to abstinence and contraceptive use. (See Revision)

11.8R. (REVISION) Increase by 10 percent the proportion of health education courses in public and private middle/junior and senior high schools that require instruction on human sexuality, pregnancy prevention, STD prevention, and HIV prevention.

This revision reflects how the data on health education are collected through the School Health Education Profiles (SHEP)

Data Source: SHEP. Only 2002 data are available.

Baseline: in 2002	Middle School	High School
Pregnancy Prevention	82.9%	96.4%
HIV Prevention	97.3%	98.2%
Sexually Transmitted Disease	94.7%	98.2%
Human Sexuality	77.6%	92.0%

HK 2010 Target Setting Method: 10 percent improvement for a non-population based data source

HK 2010 Target:	Middle School	High School
Pregnancy Prevention	91.2%	100.0%
HIV Prevention	100.0%	100.0%
Sexually Transmitted Disease	100.0%	100.0%
Human Sexuality	85.4%	100.0%

Mid-Decade Status: See Baseline

Strategies to Achieve Objective:

- Increase the age appropriate level of knowledge of students concerning human sexuality and methods to prevent pregnancy and sexually transmitted diseases
- Increase the number of questions on the statewide KIRIS tests that relate to pregnancy and STD prevention
- Urge policy makers to require courses in human sexuality that are factually based and age appropriate at each level of elementary, middle, and high school
- Increase media attention to educate parents about the importance of communication with their children concerning sexuality issues before they become sexually active and to encourage education administrators to include health education on sexuality issues in their school's curricula

Terminology

Brown Bag Program: Method of condom distribution in which condoms are available in brown bags at community sites for pick up by anyone without any identification required.

Contraception: The means of pregnancy prevention. Methods include permanent methods (i.e. male and female sterilization) and temporary methods (i.e. barrier, hormonal and behavioral).

Family planning: The process of establishing the preferred number and spacing of one's children, selecting the means by which this is best achieved, and effectively using that means.

“Highly effective contraceptives”: Those methods of contraception which demonstrate the greatest level of success with typical use.

Intended pregnancy: A pregnancy that a woman states was wanted at the time of conception, irrespective of whether or not contraception was being used.

Title X: A grant program for family planning services offered through the Office of Population Affairs, enacted in 1970 by Congress as the Family Planning Services & Population Research Act.

Unintended pregnancy: A general term that includes pregnancies that a woman states were either mistimed or unwanted at the time of conception (and not at the time of birth).

Mistimed conceptions: Those that were wanted by the woman at some time, but which occurred sooner than wanted.

Unwanted conceptions: Those that occurred when the woman did not want any pregnancy then or in the future.

Women at risk of unintended pregnancy: Women who (1) have had sexual intercourse in the previous 3 months; (2) are not pregnant, seeking pregnancy, or postpartum (pregnancy ended within 2 previous months); and (3) are not sterile (surgically or nonsurgically).

References

- Kentucky Youth Risk Behavior Surveillance, 2003
- Behavior Risk Factor Surveillance System, 2000-2004
- Title X Family Planning Services Grantee profile
- Consensus Set of Health Status Indicators, Kentucky, 2000-2003
- Family Planning Needs and Services, Alan Guttmacher Institute, Vol.1, 1994-1998
- Contraceptive Needs and Services, Alan Guttmacher Institute, 2002

- Unintended Pregnancy Among Women Having a Live Birth, Pregnancy Risk Assessment Monitoring System, 1993 – 1995
- A Profile of Women's Health Status in Kentucky, June, 1999

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11. Family Planning – Summary Table

Summary of Objectives for Family Planning	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
11.1R. (Developmental) Increase to at least 87 percent the proportion of all pregnancies among women age 15-44 that are planned.	85.1% (2000)	≥87%	85.7% (2003)	Yes	BRFSS
11.2. Decrease to no more than 7 percent the percentage of women age 15-44 experiencing pregnancy despite use of a reversible contraceptive method.	17.3% (2003)	≤7%	17.3% (2003)	N/A	BRFSS
11.3. Increase to at least 95 percent the proportion of all females aged 15-44 at risk of unintended pregnancy who use highly effective contraception.	67.9% (2000)	≥95%	53.9% (2002)	No	BRFSS
11.4. Increase to 100 percent the proportion of Title X family planning clinics that provide, either directly or through referral, postcoital hormonal contraception.	90% (2004)	100%	90% (2004)	N/A	PSRS
11.5R. Increase male involvement in pregnancy prevention and family planning as measured by the increase with which health providers provide outreach, education or services to males.	610 (2000) Number of men receiving services at family planning clinics	≥915	738 (2004)	Yes	PSRS
11.6 R. Reduce pregnancies among females ages 15-17 to no more than 20 per 1,000 adolescents.	31.9/1,000 (2000)	≤20 / 1,000	25.8/1,000 (2003)	Yes	Vital Stats.
11.7. Increase by at least 10 percent the proportion of sexually active individuals, ages 15-19, who use barrier method contraception with or without hormonal contraception to prevent sexually transmitted disease and prevent pregnancy.	62.8% (2003)	≥69.1%	62.8% (2003)	N/A	YRBSS
11.8R. Increase by 10 percent the proportion of health education courses in public and private middle/junior and senior high schools that require instruction on human sexuality, pregnancy prevention, STD prevention, and HIV prevention.	(2002)		(2002)	N/A	SHEP
<u>Middle School</u>					
Pregnancy Prevention	82.9%	≥91.2%	82.9%	N/A	
HIV Prevention	97.3%	100.0%	97.3%	N/A	
STD Prevention	94.7%	100.0%	94.7%	N/A	
Human Sexuality	77.6%	≥85.4%	77.6%	N/A	

High School					
Pregnancy Prevention	96.4%	100.0%	96.4%	N/A	
HIV Prevention	98.2%	100.0%	98.2%	N/A	
STD Prevention	98.2%	100.0%	98.2%	N/A	
Human Sexuality	92.0%	100.0%	92.0%	N/A	

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.